



# Parental Consent and Photo Release

Illinois 14th Congressional District STEM Scholars Program

## Parental Consent Authorization:

I hereby authorize my child, \_\_\_\_\_ to participate in the Illinois 14th Congressional District STEM Scholars Program. I understand that services are offered on a voluntary basis. I agree to assume all risks for injuries resulting from my child's participation in volunteer activities.

Parent/Guardian Signature: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo Release Authorization:

Congresswoman Lauren Underwood and staff associated with the Underwood Office have my permission to use and publish my, or my child's photograph in the media or other official communications platforms, such as the Underwood Office website, newsletter, press releases, social media, etc., including the internet, to promote the Illinois 14th Congressional District STEM Scholars Program. I understand that I will receive no compensation for any photos taken.

Parent/Guardian Signature: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_